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## ***PATIENT RECORD OF DISCLOSURES***

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication on PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

### **I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (Check all that apply):**

\_\_\_\_\_ Home Telephone \_\_\_\_\_  
 \_\_\_\_\_ OK to leave message with detailed information  
 \_\_\_\_\_ Leave message with call-back number only

\_\_\_\_\_ Cell Phone \_\_\_\_\_  
 \_\_\_\_\_ OK to leave message with detailed information  
 \_\_\_\_\_ Leave message with call-back number only

\_\_\_\_\_ Work Telephone \_\_\_\_\_  
 \_\_\_\_\_ OK to leave message with detailed information  
 \_\_\_\_\_ Leave message with call-back number only

\_\_\_\_\_  
 Patient Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Birth Date

\_\_\_\_\_  
 Parent or Guardian  
 (If patient is under 18 years old)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Relationship to Patient

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. The provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.  
**NOTE: Uses and disclosures for TPO may be permitted without prior consent in an emergency.**